



Near Westside Neighborhood Association, Inc.

"Friends Helping Neighbors"

353 Davis Street
Elmira, NY 14901

607-733-4924 (Phone) 607-734-1207 (Fax) nearwestside@stny.rr.com (E-mail) www.nwnainc.com (Web)

Near Westside Neighborhood Assoc., Inc. has apartments available at 355 Davis Street, in Elmira. There are 2 1-bedroom units which rent for \$450 each, plus utilities, and \$450 security deposit. This project is "smoke free" and NO pets are allowed in either of the units.

Attached is the application, which must be filled out completely and returned along with supporting documentation. Additionally, a completed "Police Background Check" form, certified by the Elmira Police Department and a "Police Release" form, certified by the Chemung County Sheriff's Office are required for all household members age 15 and older. Finally, please note that applications will be reviewed and verified for approval on a first-come first-served basis.

PLEASE INCLUDE COPIES OF THE FOLLOWING ITEMS WHEN YOU RETURN THE APPLICATION. WE CANNOT DETERMINE YOUR ELIGIBILITY UNTIL ALL PAPERS/DOCUMENTS ARE ON FILE.

- **PROOF OF ALL INCOME – You must send proof of all income.** For Social Security, please send copies of the Social Security Award Letter. For wages, please send six of the most recent pay stubs. If you are self-employed, please send a copy of your general ledger. For Public Assistance, you **must** send the Budget Sheet. For Child Support or Alimony, please send a copy of the Divorce papers or court order showing amount. For Pension/Retirement, please include name, phone/fax number of payer.
- **Copy of 2 most recent FEDERAL INCOME TAX RETURNS (signed) with W-2's (if you are not required to file, please provide a statement indicating the last year you filed)**

Below is an income limit chart, established by HUD, effective March 2015:

Family Size	Maximum Annual Income
1 Person	\$27,060
2 Persons	\$30,900

If you have any questions, please do not hesitate to contact Near Westside Neighborhood Association, Inc. at 733-4924.

Near Westside Neighborhood Association, Inc. is committed to prohibiting discrimination because of race, color, sex, sexual orientation, religion, handicap status, family status or national origin. Near Westside Neighborhood Association, Inc. is an equal opportunity provider and employer and does not discriminate on the basis of race, creed, color, national origin, age, sex, disability, marital status or arrest record.



Hearing impaired persons can reach this office through the New York Relay Center at 1-800-662-1220.

Near Westside Neighborhood Assoc., Inc. (NWN)
353 Davis Street, Elmira, New York 14901
Telephone: (607) 733-4924 Fax: (607) 734-1207

APPLICATION for RENTAL HOUSING

This is not a Section 8 application and cannot be used to apply for the Housing Voucher program.
Instructions: Please read carefully. Incomplete applications will not be processed.

1. This application is valid for all rental housing properties monitored by NWN. If a unit is not immediately available, the applicant shall be placed on a waiting list based on a preliminary determination of eligibility. Applicants will be reviewed on a first come, first considered basis. All other things being equal, applicants will be accepted according to the date on which the verified application is completed. Wait-listed applications are valid for no more than 6 months. Any rejected applicants will be notified in writing.

2. To be qualified for admission to rental housing an applicant must:

- (a) Meet the HUD requirements on citizenship or immigration status;
- (b) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the NWN office and at the end of this application.
- (c) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
- (e) Not have had a lease terminated in the past 12 months;
- (f) Be able and willing to comply with the NWN lease; and
- (g) Not have any household members and/or guests engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.

3. Complete applications will be verified and processed in order according to unit type and size and admission preferences.

4. Each applicant who meets the above qualifications will receive one unit of the size and type needed, based on availability. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn and the applicant will not be permitted to reapply for 12 months.

5. Applications may be rejected based on any of the following criteria:

Missing information on your application, Non-favorable landlord references, Inaccurate statements on application, Requested information not returned, History of non-payment of rent and/or utilities, Non-favorable police background check, Prior evictions for cause, Insufficient income, Non-favorable credit history, Other non-favorable findings. Our screening criteria will prohibit the admission of certain individuals who have engaged in drug-related criminal behavior, or are subject to a state lifetime sex offender registration program, have any felony convictions, or are individuals whose abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

6. Applicants with disabilities may seek assistance with the completion of the application at NWN's Office, at the address above.

7. NWN requires a criminal background check on all household members age 15 years and older. You can obtain the forms by visiting:

http://www.cityofelmira.net/usr/police-dept/epd_background_check.pdf

and

<http://www.chemungsheriff.net/usr/Website-Records%20Background%20Check.pdf>

8. Please note that NWN will request a credit check for all applicants.

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1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
4. Current City, State and Zip _____
5. Current Area Code, Home & Work Phone #s _____

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each household member. No one except those listed on this form may live in the unit. Use back of sheet if additional space is needed.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Fulltime Student ?
H					Head			
2								

6. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month Family

Member Name	Income Source (if employment, please name employer)	Amount \$	Frequency: _____ Weekly _____ Bi-Weekly _____ Monthly

7. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? ___Yes ___No If yes, please describe the type of asset(s) and indicated the name of the financial institution _____

What is the market value of all assets? _____

8. Do you own any real estate? ___Yes ___ No If yes, what is the address? _____

9. Current Landlord's name and phone # _____
Date moved to this location _____

10. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____

11. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

12. Have you ever been evicted from housing? ☐ Yes ☐ No If yes, why? _____

13. Have you ever lived in public housing before? ____ Yes ____ No If yes, where? _____

Dates: From _____ To _____ Name of _____

Do you owe any money to the housing authority? ____ Lessee: _____

14. Do you have any past due utility bills? ____ Yes ____ No If yes, please explain _____

15. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ____ Yes ____ No If yes, please explain the nature of the problem and who was involved: _____

16. Is anyone in your household currently on parole or probation? ____ Yes ____ No If yes, please explain: _____

17. Drivers License or State ID #:

Applicant: _____

Co-applicant: _____

Tenant Release & Consent:

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Near Westside Neighborhood Assoc., Inc. and the City of Elmira by my/our employer(s), credit bureaus, the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING INFORMATION REQUIRED FOR STATISTICAL PURPOSES.

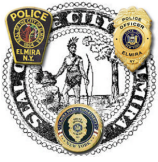
Is the Head of Household 62 years of age or older? () Yes () No

Is the Head of Household Female with dependent children? () Yes () No

Racial/Ethnic Group: () White () Black/Afro American () American Indian/Alaskan Native
() Asian () Native Hawaiian/Other Pacific Islander () Asian & White () Hispanic () Black/Afro
American & White () American Indian/Alaskan Native & White () American Indian/Alaskan
() Native & Black/Afro American () Other Multi Racial

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Elmira Police Department

POLICE BACKGROUND CHECK

Elmira Police Department Records Bureau

317 East Church Street

Elmira, New York 14901

(607) 737-5633 Fax (607) 737-5784

ALL POLICE BACKGROUND CHECKS REQUIRE ONE FORM OF PICTURE IDENTIFICATION AND A \$10.00 PROCESSING FEE PER REQUEST. ALL PAYMENTS MUST BE IN CASH. NO INFORMATION WILL BE RELEASED WITHOUT THE PROPER IDENTIFICATION AND PAYMENT OF THE PROCESSING FEE.

Use this form to request a Police Background Check of an individual or yourself. You, or the individual whose information is being requested, must complete and sign the required entries in Section One. If you represent the requesting agency, you must complete the required entries in Section Two. You will be notified when the background check is complete.

SECTION ONE – This section is to be completed by the individual consenting to the background check. Please print clearly.

Last Name:		First Name:	Other Names Used:
Date of Birth:	Social Security Number:	Current Address:	

I hereby authorize the City of Elmira Police Department to release any criminal records pertaining to myself that may be on file with that agency.

Signature: _____ Date Signed: _____

SECTION TWO – This section is to be completed by the individual or organization requesting a background check on the individual identified in Section One, if applicable. If you are requesting a background check on yourself you do not need to complete this section. You will be notified when the background check has been completed.

Name:	Agency Representing:	Phone Number:
Address:		

ELMIRA POLICE DEPARTMENT USE ONLY!

☐ The above named individual has no criminal record on file with this agency.

☐ The above named individual has the attached records on file with this agency.

Signature:	Title:	Date:
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POLICE RELEASE

TO: CHEMUNG COUNTY SHERIFF'S OFFICE

FROM: _____

RE: RECORDS CHECK

PRINT CLEARLY:

NAME: _____
Last name First Middle Maiden

DATE OF BIRTH: ____/____/____

ADDRESS: _____
Street City State

SOCIAL SECURITY NUMBER: ____-____-____

I hereby authorize the Chemung County Sheriff's Office to release any criminal records pertaining to myself on file at that office.

Signature_____
Date-----
BELOW TO BE COMPLETED BY THE CHEMUNG COUNTY SHERIFF'S OFFICE

The above named person has no criminal records on file at this office. _____

The above named person has the attached records on file at this office. _____

Signature of Official_____
Title_____
Date